

# CLAIMS ONLY

SERIAL NO.

100288/2

FILING DATE

12-26-01

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10	1				1	
11		1				1
12		1				1
13		1				1
14		1				1
15						
16						
17						
18						
19						
20						
21						
22	1				1	
23						
24		1				1
25		1				1
26		1				1
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48						
49						
50						
TOTAL IND.	2				2	
TOTAL DEP.	3				3	
TOTAL CLAIMS	5				5	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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COPY

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO 476)

SERIAL NO. 10703812  
APPLICANT

FILING DATE

CLAIMS

	AS FILED		AFTER INDEPENDENT		AFTER DEPENDENT								
	NO.	OFF.	NO.	OFF.	NO.	OFF.		NO.	OFF.	NO.	OFF.	NO.	OFF.
1							61						
2							62						
3							63						
4							64						
5							65						
6							66						
7							67						
8							68						
9							69						
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28							88						
29							89						
30							90						
31							91						
32							92						
33							93						
34							94						
35							95						
36							96						
37							97						
38							98						
39							99						
40							100						
41													
42													
43													
44													
45													
46													
47													
48													
49													
50													
TOTAL NO.							TOTAL NO.						
TOTAL OFF.							TOTAL OFF.						
TOTAL							TOTAL						

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